COUNTY OF SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH



- □ 385 North Arrowhead Avenue San Bernardino, CA 92415-0160 (909) 884-4056
- □ 1647 East Holt Boulevard Ontario, CA 91761 (909) 458-9673
- □ 13911 Park Avenue, Suite 200 Victorville, CA 92392 (760) 243-3773
- □ San Bernardino County Vector Control Program 2355 East 5th Street San Bernardino, CA 92410-5201 (909) 388-4600

JIM LINDLEY, M.P.A. Public Health Director

PAULA MEARES-CONRAD Assistant Director of Public Health

MAXWELL OHIKHUARE, M.D. Health Officer

DANIEL J. AVERA, REHS Chief of Environmental Health

COMMISSARY LETTER

Vehicle Business Name	Со	mmissary Name	
Owner's Address	Co	mmissary Address	
Operator's Driver's License#	Co	mmissary Phone Num	nber
Vehicle License #	Year and Make of Veh		e e
(Operator's Name	of	has my pe	ermission to use my food establishment
as a commissary. My food est	tablishment is	currently under permi	it and inspection with (the County of)
Environmental Health Departm			side San Bernardino County, have the local here.
Environmental Health Specialist		Date	
My food Establishment can ac (Check applicable functions)	commodate t	he operator with follow	ving functions:
Supply food products			
 Storage of frozen foods Storage of refrigerated foods Storage of dry food and food related Cleaning and Service operations 			For Office Use Only
		oducts	DECAL #
			DECAL #
an approved commissary. The	e vehicle is to	report to the commiss	ection 114295; the vehicle is to operate out of ary at least once each operating day. If the otify this Department to facilitate proper
Signed XCommissary Op			
Commissary Op	perator	ļ	Date